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FIGO INITIATIVE

Contribution of obstetrics and gynecology societies in South America to the prevention of unsafe abortion in the region

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ABSTRACT

Unsafe abortion is one of the most serious public health and human rights issues in South America. Rates are among the highest in the world and account for 13% of maternal deaths. Nine out of 10 South American countries have enrolled in the International Federation of Gynecology and Obstetrics (FIGO) Initiative for the Prevention of Unsafe Abortion and its Consequences. Each individual society of obstetrics and gynecology prepared a situational analysis, and an action plan was elaborated with the participation of their respective Ministries of Health, national and international agencies, and other collaborating institutions. Action plans were designed to respond to the problems identified in the situational analyses, with objectives corresponding with all or some of the 4 levels of prevention proposed in the FIGO initiative. This article reports the progress achieved in implementing the action proposed by each country, as well as some activities carried out in addition to those included in the formal plans.

1. Introduction

Despite the availability of safe, highly effective contraceptive methods, unsafe abortion continues to be very common, principally in low-resource countries with restrictive abortion laws [1,2]. According to World Health Organization (WHO) estimates, 21.6 million unsafe abortions occurred worldwide in 2008. The highest unsafe abortion rate was in South America—32 per 1000 women of reproductive age—and this may be related to the restrictive abortion laws that persist throughout much of this region [1,3,4]. In addition, unsafe abortion is a significant cause of maternal morbidity and mortality, although this varies considerably from country to country within the region [1,2,5,6].

Professional organizations, including the International Federation of Gynecology and Obstetrics (FIGO), have an important role to play in achieving the Millennium Development Goal that refers to women's health [7]. Based on the public health and human rights relevance of the persistently high unsafe abortion rate, in 2007 FIGO decided to create a working group on the prevention of unsafe abortion [8]. From this, the FIGO Initiative for the Prevention of Unsafe Abortion and its Consequences was born and all member societies were invited to participate, with a particular emphasis on those countries with higher rates of induced and unsafe abortion [2].

2. The commitment of FIGO member societies in South America

Following FIGO's invitation, 9 of the 10 FIGO member societies in South America agreed to participate in the initiative. Each society began by carrying out a situational analysis of the issue of unsafe abortion. They then formulated a plan of action aimed at resolving the problems identified in the analysis. The plans of action were prepared in collaboration with the country's Ministry of Health and occasionally with the participation of national and international agencies working in the field of women's health and rights [2,9,10]. The objectives included in the plans of action for each country are listed in Table 1.

The objectives and activities included in the plans of action are referential, since many countries expanded their activities beyond those formally established.

3. Progress in implementing the plans of action

The progress achieved in implementing the plans of action is described below according to each of the 4 levels of prevention proposed in the FIGO initiative [2].

3.1. Progress in primary prevention

The prevention of unplanned pregnancy is a basic component of any plan aimed at reducing the incidence of induced abortion [3]. Providing women with information on their sexual function and on how to prevent an unintended pregnancy, as well as providing them with actual contraceptive services, is the most efficient means of preventing unsafe

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Table 1
Objectives included in the plans of action from the nine participating South American countries.

Objectives	Countries								
	Argentina	Bolivia	Brazil	Chile	Colombia	Ecuador	Peru	Uruguay	Venezuela
Sex education	X		X	X		X			
Family planning		X	X	X	X		X	X	X
Facilitate adoption				X				X	
Access to safe legal abortion			X		X		X		X
Advocacy for legal reform			X				X		
MVA for incomplete abortion	X	X	X		X	X	X		X
Misoprostol for incomplete abortion		X	X		X	X			X
Postabortion contraception	X	X	X	X		X	X		X
Sensitize politicians	X	X		X			X	X	
Improve data on abortion			X	X	X		X		X

Abbreviation: MVA, manual vacuum aspiration.

induced abortion [3,11]. Given the magnitude of the adolescent population, the current early age at sexual debut, and the severity of the problems resulting from unintended pregnancy at this age, there is an urgent need to invest in sex education and also in youth-friendly sexual and reproductive health services to ensure that adolescents are able to practice what they have learned [12].

Chile stands out among the South American countries that included sex education in their plans of actions. The country developed 7 model curricula of sex education to be offered in elementary schools, thus giving each school the opportunity to choose the model it preferred. The Ecuadorian Federation of Societies of Gynecology and Obstetrics (FESGO) implemented an extended campaign of sex education in public schools that has reached over 15 000 students, with the collaboration of 500 medical students in their final year at medical school who received prior training in providing sex education in schools.

Expanding family planning to reduce unwanted pregnancy was included in the objectives of the plans of action of 7 of the 9 countries in the region. However, few specifically included the provision of long-acting reversible contraceptives (LARCs) within the public healthcare service. In Peru, Ecuador, and Colombia, health professionals were trained to be able to provide subdermal implants in addition to the intrauterine devices (IUDs) already available in those countries.

There is a general agreement on the relevance of women's access to emergency contraception after unprotected intercourse or rape to ensure that they are able to benefit from a "second opportunity" [13]. Although all South American countries have established norms for the use of emergency contraception following rape, its use under other circumstances has been the subject of debate in several countries, including Peru, Chile, Argentina, and Bolivia. This situation has led some national obstetrics and gynecology societies to ask the Latin American Federation of Obstetrics and Gynecology Societies (FLASOG) to intervene as an advocate. The decision of the Ecuadorean President to make emergency contraception available throughout the public healthcare service has been attributed to FLASOG's campaigning efforts. Emergency contraception is available with certain restrictions in Argentina and Chile, and is freely accessible in Peru, but only in the private sector.

Facilitating the adoption of infants born as a result of unintended or undesired pregnancies was included in the plans of action of 2 South American countries. However, it is only in Uruguay that important steps have been taken in that direction through the publication of a manual aimed at simplifying adoption procedures.

3.2. Progress in secondary prevention

The provision of safe abortion services within the full extent of the law is part of the recommendations established at the International Conference on Population and Development (ICPD) held in Cairo in 1994, which were approved by almost every country in the world. The ICPD Program of Action states that: "In circumstances when abortion is not against the law, abortions should be safe." If a woman becomes pregnant following a rape or if her life or health is threatened by the pregnancy and she requests a pregnancy termination within the scope of the law, but this pregnancy termination is not provided by the public healthcare system, she will have no other option but to submit herself to a clandestine, usually unsafe abortion.

Chile is the only country in South America where the law does not permit abortion under any circumstances. The other countries allow abortion under certain, albeit limited, circumstances: to save the woman's life and/or health, in case of severe fetal malformations, or when the pregnancy is the result of rape.

Certain changes have recently taken place in some countries. Seven years ago Colombia's Constitutional Court legalized abortion under the 4 circumstances mentioned above and defined the procedures required to gain access to a legal termination of pregnancy. The FIGO member society in Colombia is working toward making legal abortion services more accessible to women. With the active participation of the national obstetrics and gynecology society, Uruguay recently approved a law that decriminalizes abortion up to 12 weeks of pregnancy. FEBRASGO, the FIGO member society in Brazil, played an important role in ensuring that norms were established to facilitate abortion in public healthcare services in cases of rape, with legal abortion services now being extended in such cases.

Some obstetrics and gynecology societies have been more proactive in facilitating women's access to safe abortion. FEBRASGO developed solid arguments and influenced the Brazilian Federal Medical Council to support a reform of the Brazilian penal code, including making abortion legal at the woman's own request within the first 12 weeks of pregnancy. This reform is currently under review by parliament and the opinion of the Federal Medical Council has been officially requested [14]. In Peru, the national obstetrics and gynecology society has for years been asking the Ministry of Health to establish national norms for therapeutic abortion, but to no avail. In the meantime, this society has contributed with advocacy and training for the implementation of legal abortion services in 4 public hospitals in the country's capital city and in 4 additional hospitals in the provinces.

Preceding the FIGO initiative, another important intervention aimed at making abortion safer was developed in Uruguay at the beginning of the previous decade, with the fundamental participation of the Uruguayan FIGO member society. This intervention was referred to as the Risk Reduction Strategy and consisted of identifying and examining women whose pregnancies were undesired to confirm the pregnancy and gestational age. Counseling was given on the alternatives to abortion and on the risks involved with the different methods used to induce a clandestine abortion, including the use of misoprostol. Irrespective of the woman's decision, a second consultation was scheduled to verify whether the uterus had been evacuated completely and to ensure that no complications had developed, to counsel the woman on family planning, and to provide her with a contraceptive method [15]. This strategy dramatically reduced abortion-related mortality in Uruguay, and is now

being replicated in Peru and Venezuela as part of the plans of action of these 2 countries.

3.3. Progress in tertiary prevention

Improvement in the quality of postabortion care is not easy to evaluate, and for that reason we will concentrate on the introduction of new technologies that offer advantages to women and to the healthcare system, such as the use of manual vacuum aspiration (MVA) and misoprostol for the treatment of incomplete abortion.

At the present time, there is a general agreement that MVA causes less bleeding and less pain, reduces the duration of hospital stay, and is less expensive than curettage. For these reasons MVA is considered the gold standard for the treatment of incomplete abortion [16].

Seven FIGO member societies in South America (Argentina, Bolivia, Brazil, Colombia, Ecuador, Peru, and Venezuela) included extending the use of MVA in their plans of action. Argentina has expanded its use in 10 provinces; Bolivia has extended it to 4 regions; and Ecuador, Venezuela, and Peru have implemented the technique throughout the entire country. In Peru, about half of all incomplete abortions are treated with MVA.

In addition, initial steps have been taken to provide professional training on the medical treatment of incomplete abortion with misoprostol in Ecuador, Argentina, Bolivia, Peru, Brazil, Colombia, and Venezuela.

3.4. Progress in quaternary prevention

The responsibility for the occurrence of an unsafe abortion is shared between the woman herself and the healthcare system that failed to provide her with the means of preventing an unwanted pregnancy. Nevertheless, if the same woman leaves the health unit in which she was treated for an induced abortion and returns with a repeat abortion, the responsibility falls entirely on the attending health professional. These professionals should be aware that the risk of that woman becoming pregnant again and having a subsequent abortion is high if she receives no counseling and if she is not provided with a highly effective contraceptive method prior to her discharge from hospital [17].

Seven of the countries in South America included intensifying the provision of postabortion contraception in their plans of action. However, only 3 (Colombia, Ecuador, and Peru) have made progress in the provision of LARC methods by adding subdermal implants to the already available IUDs.

4. Final comments

Despite the reduction in abortion-related maternal mortality, unsafe abortion remains a very significant public health and human rights issue in South America. The FIGO Initiative for the Prevention of Unsafe Abortion and its Consequences has mobilized the national obstetrics and gynecology societies, which have now taken on a leading role, using their scientific prestige to involve their respective Ministries of Health in the national plans of action to prevent unsafe abortion, thus ensuring the continuity of their actions.

This initiative has served to identify the interventions that were effective in reducing unsafe abortion and its consequences. Each country has adapted these interventions in accordance with its individual circumstances. The progress that has been achieved has been relatively rapid; however, work must continue until every woman has the information she needs and the means to prevent an unwanted pregnancy, until women with an unintended pregnancy who comply with the requirements for a legal termination of pregnancy have access to safe abortion services in public healthcare units, and until those who have undergone an unsafe abortion receive compassionate care to ensure that no more unnecessary deaths and complications occur and that these women are protected from the risk of a repeat abortion [2].

Conflict of interest

The author has no conflicts of interest.

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